U.S. Department of Labor Office of Labor-Ma≨agement Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amende 1. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1 File Number U . 2/0)

Name Scott

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

Street 1295 Livingston Avenue

Hemmingway

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

1 / 1 / 2004 Through: 12 / 31 / 2004

Name Int'l Brotherhood of Elec Workers Local #456

4. Name, file number, and address of labor organization.

Labor Organization File Number 001-110

P.O. Box, Building and Room Number, if any

Street 1295 Livingston Avenue

City North Brunswick		City North Bri	ınsvick	
State New Jersey	ZIP Ccde + 4 08902	State New Jers	еу	ZIP Code + 4 08902
5. Position in labor organization.	Teacher			
Enter appropriate data below If,	during the pas : fiscal year, you or your (except as specified in the e	spouse or minor child direct xclusions set forth in the inst	y or indirectly had any eructions):	of the following interests
A. Held an interest in, engaged i monetary value from an employ	n transactions (including loans) with	or derived income or othe zation represents or is ac	er economic benefit of ctively seeking to repr	f esent.
Name and address of Employer (including trade na ne, if any).		7.a. Nature of Interest,	Transaction, or Income	
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
		7.b. Amount.		
Street				
City				
State	ZIP (Code + 4			
		Signature		
submitted in this report (including	The undersigned declares, under penalt the information contained in any accomplete, true, correct, and complete. (See the	panying documents), has bee	n examined by the sign	t, that all of the information atory and is, to the best of the - 65/-/901 Telephone Number
Form LM-30 (2003)				Page 1 of

			
Name of Person Filing Scott	Hemmingway		File Number U-

B. Held an interest in or derived income or economic benefit with monetary valuabstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	a. Labor Organization b. Trust c. Employer		
Street City			
State ZIP Crde + 4			
10. If 9.b. or 9.c. is checked give trust or employe's name. Name IBEW Local Union #456 Electrical JATC Trade Name, if any:	11.a. Nature of such dealing.		
P.O. Box, Bidg., Room No., if any			
Street 1295 Livingston Avenue City North Brunswick State New Jersey ZIP Ccde + 4 08902	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Reimbursement of expenses incurred in connection with attendance at educational conference.		
	12.b. Amount. \$1,400		

C. Received from any employer (or from any labor relations consultant t		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any.		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.